



Linda McCulloch, Superintendent  
Office of Public Instruction  
Division of Special Education  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov

**APPLICATION/AMENDMENT FORM**  
**Federal Funds Under**  
**Individuals with Disabilities Education Act**  
**Due to OPI: June 25, 2005**

**FUNDING AUTHORITY**  
IDEA-B Flow-Through  
CFDA #84.027A  
IDEA Section 619 Preschool  
CFDA #84.173A

**PART I—PROJECT APPROVAL STATISTICAL DATA AND ABSTRACT**

**1. Prime Applicant:**

District/Cooperative Name	District No.	County	Legal Entity
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**2. Project Director:**

Name	Address	ZIP	Telephone
	E-mail		

**3. Business Manager/Clerk:**

Name	Address	ZIP	Telephone
	E-mail		

**4. Maintenance of Fiscal Effort (Sec. 300.231)**

Complete (a) and (b). Refer to the maintenance of effort report provided to you by the OPI for FY '04 (school year 03-04).

- (a) 03-04 school year expenditures—  
Total amount of state and local funds expended for special education.

Total \$ \_\_\_\_\_

- (b) 05-06 ensuing school year budget—  
Total amount of state and local funds budgeted for special education [300.231(c)].\*

Total \$ \_\_\_\_\_

\*If the applicant is budgeting less than the amount expended in school year 03-04, the applicant must provide an explanation for the reduction. Reductions must be in compliance with 300.232 and/or 300.233.

**5. Statement of Assurances**

Assurance is made by the \_\_\_\_\_ that it will implement special education and \_\_\_\_\_ School District Name related services consistent with all requirements of the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446) and all current federal regulations, state policies, procedures, and administrative rules developed under the Individuals with Disabilities Education Act Amendments of 1997 (PL 105-17) that are not inconsistent with IDEA PL 108-446.

In those cases in which a current special education federal regulation, state policy, procedure, or administrative rule is inconsistent with IDEA 2004 (PL 108-446) the district shall implement procedures consistent with the requirements of PL 108-446.

The Board of Trustees submitted a Common Assurances form to the Office of Public Instruction in spring 2002 and no circumstances affecting the validity of the assurances have changed since its submittal.

Signature—Designated Authorized Representative for the IDEA Part B/Preschool Program Applications	Date
E-mail	

## PART II—CONSOLIDATED APPLICATIONS

### 1. List all participating districts.

District

County

2. ☐ Check here if a cooperative has adopted a clause in its interlocal agreement that empowers the cooperative to apply for Part B and Preschool funds on behalf of member districts.

If there is no such clause in the interlocal agreement, all member districts other than the prime applicant must complete number 3, page 3, "Participating Districts Other Than Prime Applicant District—Statement of Assurances."

### 3. Participating Districts Other Than Prime /Applicant District—Statement of Assurances

If there is no clause in the interlocal agreement that empowers the applicant to apply for Part B and Preschool funds on behalf of participating districts, this form must be completed and signed by the chairperson of the Board of Trustees for each district (other than the prime applicant district) participating in this project application.

School District No.:

County:

School Name:

☐ Elem

☐ HS

#### CERTIFICATION

- A. The Board of Trustees of the above-named school district in a meeting held on \_\_\_\_\_  
Month Day Year  
authorized \_\_\_\_\_ to file an application for the district to make  
Name of Authorized Representative  
representations, and to make commitments on behalf of the district under the provisions of the  
Individuals with Disabilities Education Act, as amended by PL 108-446, and the Department of  
Education's General Administrative Regulations (EDGAR).
- B. The Board of Trustees further agrees that the district named in item C is designated the administrative and fiscal agent for the project and is authorized to receive and expend, for the conduct of this project, funds belonging to the above district in the amount not to exceed that which is approved for the district by the Superintendent of Public Instruction.
- C. The district or county superintendent designated administrative and fiscal agent for the project is:

School District Name

Number

☐ Elementary School

☐ High School

OR

County Superintendent Name

County

- D. The Board of Trustees has reviewed all information and data contained in this application and has approved the project for submission to the Office of Public Instruction.

Signature—Chairperson of the Board of Trustees

Date

### PART III—LOCAL EDUCATION AGENCY PROGRAM DATA

Each participating district within the cooperative or consolidated application that is eligible to receive a Part B entitlement must complete the information on pages 4 and 5.

#### A. **Maintenance of Fiscal Effort** (Sec. 300.231)

Complete (a) and (b). Refer to the maintenance of effort report provided to you by the OPI for FY '04 (school year 03-04).

1. 03-04 school year expenditures—  
Total amount of state and local funds expended for special education.

Total \$ \_\_\_\_\_

2. 05-06 ensuing school year budget—  
Total amount of state and local funds budgeted for special education.

Total \$ \_\_\_\_\_

#### B. **Private/Nonpublic School Information** (Sec. 300.450-300.462)

1. Describe how the district consulted with representatives of private school children to decide which children will receive services, what services will be provided, and where the services are to be provided.

2. Identify the total number of parentally placed IDEA-eligible students with disabilities attending a private/nonpublic school within the district's boundaries, **age 5**, on December 1, 2004. (This should include students receiving services **and** students identified as IDEA-eligible, but not receiving services through a Services Plan.)

\_\_\_\_\_

3. Identify the total number of parentally placed IDEA-eligible students with disabilities attending a private/nonpublic school within the district's boundaries, **between the ages of 5 and 19**, on December 1, 2004. (Include students receiving services **and** students identified, but not receiving services through a Services Plan.)

\_\_\_\_\_

4. Identify the special education services to be provided (e.g., speech, special education teacher consultative services in the 05-06 school year).

5. Identify the location of where the services will be provided (e.g., at the public school).

- C. Assurance is made by the \_\_\_\_\_ that it will implement

School District Name

special education and related services consistent with all requirements of the Individuals with Disabilities Education Improvement Act of 2004 (PL 108-446) and all current federal regulations, state policies, procedures, and administrative rules developed under the Individuals with Disabilities Education Act Amendments of 1997 (PL 105-17) that are not inconsistent with IDEA PL 108-446.

In those cases in which a current special education federal regulation, state policy, procedure, or administrative rule is inconsistent with IDEA 2004 (PL 108-446) the district shall implement procedures consistent with the requirements of PL 108-446.

Signature—Authorized School Representative

## **PART IV—EQUIPMENT (PART B)**

The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.

### **Equipment Item:**

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### **Justification for Equipment Purchase:**

## **PART IV—EQUIPMENT (PRESCHOOL)**

The applicant must identify each piece of equipment with a per unit cost of \$5,000 or more that the applicant intends to purchase with project funds. Additionally, the applicant must provide a detailed justification for the purchase of each equipment item.

### **Equipment Item:**

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### **Justification for Equipment Purchase:**



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# The Individuals with Disabilities Education Act (IDEA) Part B – Annual Project Budget 2005-2006

CFDA #84.027A

## CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS

The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 1.

Prime Applicant District: \_\_\_\_\_ Legal Entity: \_\_\_\_\_ Project Number: \_\_\_\_\_

Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2	Approved Budget 3
1. Salaries and Benefits Objects 1xx, 2xx				
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx				
3. <b>SUB-TOTAL DIRECT COSTS</b>				
4. Indirect Costs @ _____% (See back for directions.)				
5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx				
6. Transfer to other districts 6200-930				
7. <b>TOTAL BUDGET</b>				
<b>OPI Use Only: Approved by/Date</b>				

### OPI Use Only

For assistance, contact Marlene Wallis at 444-2504.



### **INSTRUCTIONS**

1. Use whole dollar amounts only.
2. The district person responsible for accounting should be given a copy of the budget and personnel pages.
3. All instructional supplies and equipment approved for purchase with these funds must be ordered 90 days prior to close of project.
4. Last date to amend this budget is 30 days prior to close of project.



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# The Individuals with Disabilities Education Act (IDEA) Preschool – Annual Project Budget 2005-2006

CFDA #84.173A

## CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS

The budget period is July 1-June 30. Amendments to this budget may occur up to project close-out, but no later than June 1.

Prime Applicant District: \_\_\_\_\_ Legal Entity: \_\_\_\_\_ Project Number: \_\_\_\_\_

Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2	Approved Budget 3
1. Salaries and Benefits Objects 1xx, 2xx				
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx				
3. <b>SUB-TOTAL DIRECT COSTS</b>				
4. Indirect Costs @ _____% (See back for directions.)				
5. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx				
6. Transfer to other districts 6200-930				
7. <b>TOTAL BUDGET</b>				
<b>OPI Use Only: Approved by/Date</b>				

## OPI Use Only

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### **INSTRUCTIONS**

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